

033290210000

Personal information

OFFICIAL USE ONLY

Your first name M.I. Last name
AAAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAA

Your social security number Your Daytime phone number
999-99-9999 999-999-9999

Home address (number and street) If foreign address use Schedule S. Apartment number
99999AAAAAAAAAAAAAAAAAAAA 99AAA
AAAAAAAAAAAAAAAAAAAAAAAAAAAA

City State Zipcode
AAAAAAAAAAAAAAAAAAAAAA AA 99999-9999

Sales tax you owe

Round cents to the nearest dollar.
If the amount is zero, make no entry.

		Amount purchased			Tax
1	Merchandise, services, and rentals Include purchases of clothing, jewelry, furniture, and electronic equipment and rentals of furniture and electronic equipment.	\$ 999999999. 00	x .0575 =	1	\$ 999999999. 00
2	Alcoholic beverages	\$ 999999999. 00	x .09 =	2	\$ 999999999. 00
3	Purchases of catered food or drink or rental of non-commercial vehicles	\$ 999999999. 00	x .10 =	3	\$ 999999999. 00
4	Total tax due <i>Total of lines 1 through 3.</i>	\$ 999999999. 00		4	\$ 999999999. 00

Attach check or money order payable to DC Treasurer. Write your social security
number and "2003 FR-329" on your payment.

You must mail your payment with this form by April 15, 2004.

Signature

Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct.
Declaration of paid preparer is based on all information available to the preparer.

Your signature

Date

Paid preparer's signature

Date

999999999

Paid preparer's FEIN, SSN or PTIN

999-999-9999

Paid preparer's phone number

**Do not mail this form with your individual tax return.
Please use a separate envelope.**

Send your signed and completed original form by April 15, 2004 to:
DC Office of Tax and Revenue,
941 North Capitol St., NE, 6th floor
Washington, DC 20002-4265